

Public Health Seattle & King County  
900 Oakesdale Ave SW, Suite #100, Renton, WA 98057  
(206)296-4932

On-Site Septic System Inspection Report for Property Transfer:

Application to be filled out and submitted by a licensed On-Site System Maintainer.  
\$95.00 application fee includes the inspection report filing fee. This application must include an accurate record drawing of the septic system and the white copy of the Operation / Performance Monitoring Report.

Property Information

Property owner’s name \_\_\_\_\_ Phone # \_\_\_\_\_  
Property address \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Property parcel number (tax lot account number) \_\_\_\_ \_ -- \_\_\_\_ \_  
This report includes:  
\_\_\_\_\_ existing record drawing  
\_\_\_\_\_ new or modified record drawing to create an accurate record  
Water supply:  
\_\_\_\_ Municipal \_\_\_\_ Group B \_\_\_\_ Individual  
Bedrooms system was approved for according to site design:  
\_\_\_\_\_ number of bedrooms  
\_\_\_\_\_ N/A (designed prior to bedroom designed systems)  
Date tank was last pumped: \_\_\_\_\_ or \_\_\_\_\_ Unknown  
Is house occupied? \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ unknown  
If no when was approximate vacate date? \_\_\_\_\_

Summary of Inspection

Are all tanks accessible?  
\_\_\_\_\_ yes  
\_\_\_\_\_ no- *If no, is system out of compliance according to the Title 13 code edition it was approved under?* \_\_\_\_\_ yes \_\_\_\_\_ no  
At the time of this inspection were any risers or monitoring ports installed?  
\_\_\_\_\_ yes - *If yes, what was installed?* \_\_\_\_\_  
\_\_\_\_\_ no  
  
Upon evaluation of the septic system were any repairs made?  
\_\_\_\_\_ yes- *If yes please explain* \_\_\_\_\_  
\_\_\_\_\_ no

For Gravity Systems Only:

Condition of distribution box:  
\_\_\_\_\_ working properly  
\_\_\_\_\_ not working properly- *if not, further explanation* \_\_\_\_\_  
  
Stress test (specify duration and results, optional- not required) \_\_\_\_\_

For Pressure Distribution Systems Only:

Pressure test results (optional- not required):  
\_\_\_\_\_ equal distribution  
\_\_\_\_\_ unequal distribution  
Further action taken for unequal distribution pressure test \_\_\_\_\_

\*The complete inspection report is found on the attached Operation/ Maintenance Monitoring Reporting form  
I certify to the best of my knowledge, that this inspection report is true, accurate and complete.